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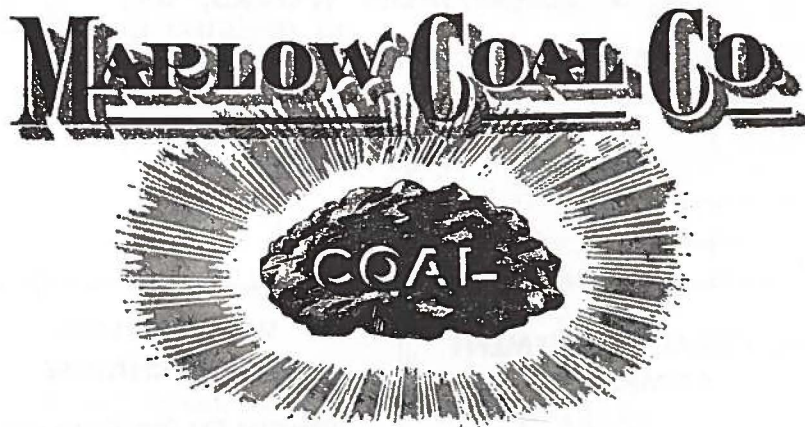
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Published quarterly by the Women's Board of
The George Washington University Hospital,
Washington Circle, Washington 7, D. C.

Vol. 6 JUNE 1954 No. 2

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COVER—Dr. Sacide Samadi, whose home is Istanbul, Turkey, is one of the 60 young physicians who are receiving training at the University Hospital as interns or residents. Dr. Samadi, a resident, studies X-ray photograph as part of her training in learning to diagnose chest diseases.

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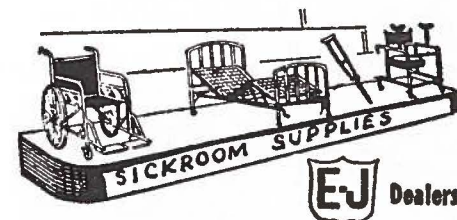
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Doctors In Training



BRAIN WAVES—Dr. Jose H. Mateos-Gomez, one of the physicians in residence at the University Hospital, studies an X-ray graph showing the brain wave pattern of a mental patient. Dr. Mateos-Gomez is from Mexico City. Among the 61 interns and residents who will arrive at the Hospital on July 1, for a one-year stay, will be young doctors from 10 countries and more than a dozen states.

In the George Washington University Hospital the intern and resident training program is an important part of its service. Each year approximately 25 rotating internships and 42 residencies, as well as 10 to 15 fellowships, are available to the many young doctors who prefer their advanced training in a great teaching hospital rather than in a hospital not connected with a medical school or university.

These opportunities for advanced training are available in various fields of hospital service. Thirteen of the internships emphasize general medicine, ten of them surgery and two pathology. The residencies and fellowships are offered in anesthesiology, cardiology, internal medicine, psychiatry, chest diseases, obstetrics—gynecology, roentgenology, infectious diseases, rheumatic diseases, out patient service and surgery, especially thoracic surgery.

This year, doctors from the distant lands of China, Japan, Australia, Albania, Spain, Greece, Union of South Africa, Thailand, and Turkey will come to join in this advanced training with physicians from Puerto Rico, Mexico and Canada, and from many states of our own country.

These representatives of different lands and states, as they work together for medical health in the Washington community, have opportunity to learn at first hand of the problems and hopes of countries and regions other than their own.

When their training is completed and they return to their native country or state, they carry with them the latest medical skills and practices, as well as a clearer and more sympathetic understanding of others that will help build a better world for tomorrow.

—DOROTHY BETTS MARVIN.

G. W. Receives \$52,624 For Cancer Program

The U. S. Public Health Service has granted \$52,624 to the University for use in expanding its cancer research program.

The funds will be used for clinical and laboratory studies dealing with the development and use of new drugs for treating cancer.

Dr. Louis K. Alpert, present chief of medical services at Mount Alto Veterans Administration Hospital, will assume clinical direction of the new research program. In connection with his new work, he has been named clinical professor of medicine at the University.

Pharmacological and chemical aspects of the program will be directed by Dr. Paul K. Smith, professor of pharmacology.

In this research program, new chemical compounds will be tested and evaluated as to their effectiveness in treating cancer. No new drug will be used without permission from the patient involved, Dr. Alpert explained.

To date, several drugs have been effective in treating cancer for a temporary time, but the great need is for a drug with permanent and lasting effects.

The research program will be carried out primarily at the University Cancer Clinic and Medical School. Patients requiring special investigation and treatment will be admitted to the University Hospital.

Another part of the new program will be aimed at coordinating the GW scientists' work with the cancer research being carried on at other large hospital centers in the United States.

Hospital Pharmacist Wins Award

Pharmacist Norman Rabinowitz of the University Hospital Pharmacy was recently awarded 2nd prize in a service contest sponsored by the H. B. Gilpin drug firm. Rabinowitz, who is a native of Philadelphia, is a graduate of the Philadelphia College of Pharmacy and Science.



ATHLETE—Argentine polo player, Juan Jose Durante, who was paralyzed by fall from a horse, recuperates following plastic surgery which will enable him to walk again. He chats with Dr. William Meloy, who performed the operation.

Poloist Injured by Fall, Learns to Walk Again

In Argentina, where polo is a national sport, Lt. Juan Jose Durante was a leading player until 18 months ago when his horse fell and pinned him underneath. The result: Argentina lost one of its best polo players, and Durante became a paraplegic, paralyzed below his waist.

For more than a year he was bedridden. During this time complications developed, making it necessary for him to have a major plastic surgery operation.

A few months ago the Argentine government sent him to the University Hospital where the operation was performed by Dr. William C. Meloy, associate in Surgery.

Now Durante is able to sit in a wheel chair, and within a few months, through the aid of training he is receiving in the Hospital's rehabilitation program for paraplegics, he will be able to walk again. He can never ride a horse again, but he will be able to lead a useful life despite this.

Gov't Agencies Grant \$19,465 To Aid Dysentery Studies

Two grants, totaling \$19,465, have been awarded to scientists at the University for the study of organisms involved in the resistance to and recovery from intestinal infections, such as shigellosis, a form of dysentery which causes considerable trouble aboard U. S. Navy ships.

A \$10,000 grant was given by the U. S. Office of Naval Research, and a \$9,465 grant was awarded by the National Institutes of Health of the U. S. Public Health Service.

The research will be carried out under the direction of Dr. Leland W. Parr, professor of bacteriology, and Dr. Mary Louise Robbins, associate professor of bacteriology.

The scientists will seek to learn how colicines, which are antibiotic substances produced by normal intestinal bacteria, affect shigellosis. Another phase of the study is to find out whether colicines are premature forms of bacterial viruses, as is hinted at by their similarity of action.

This study is the outgrowth of three years' research by Drs. Parr and Robbins on the various aspects of colicine activity.

GWU Medical Research Featured on Radio, TV

The University medical research program has been publicized on four recent radio and television shows.

The cancer program was described by Dr. Calvin T. Klopp, director of the University Cancer Clinic, on the Nancy Osgood radio show (WRC) in April.

In the same month, Dr. Walter A. Bloedorn, Medical Director of the Hospital, told of the Hospital's multiple sclerosis center on the Osgood program.

The center was also described by Rehabilitation Counselor Alice C. Lacey on the Inga's Angle TV show (WNBW).

On the Mark Evans television show (WTOP), Dr. Mary Louise Robbins, associate professor of bacteriology, discussed the new polio vaccine.



Dr. Alpert

1954 Diabetes Drive Headed by Dr. Alpert

Dr. Louis K. Alpert, clinical professor of medicine at the University, will head the 1954 nationwide diabetes detection drive of the American Diabetes Association in November.

Dr. Alpert is chairman of the Association's committees on detection and education. A graduate of the Yale University School of Medicine in 1932, he has been on the GWU medical staff since 1948. He has also been chief of medical services at the Mount Alto Veterans Administration Hospital.

Duval and Hoffman Named To Posts at St. Elizabeths

Two Medical School professors, Dr. Addison M. Duval, clinical professor of psychiatry, and Dr. Jay L. Hoffman, assistant clinical professor of psychiatry, have been named to administrative posts on the staff of St. Elizabeths Hospital.

Dr. Duval has become assistant superintendent of the Hospital, succeeding Dr. Samuel A. Silk, who retired recently. Dr. Hoffman has been named first assistant, succeeding Dr. Duval, who formerly held that position.

Diabetes Control and Detection

By JOHN A. REED, M.D.

*Assistant Clinical Professor of Medicine, School of Medicine
Secretary, American Diabetes Association*

IT IS estimated that 3,000,000 persons, or one in every 50, in the United States has diabetes. Of these, about one half are receiving medical care. The other 1,500,000 are not even aware that they have the disease.

According to all that is known about the causes and development of diabetes, studies indicate that another 3,000,000 persons are potential victims of this disease which last year ranked as the eighth most common cause of death.

Diabetes is no respecter of age, race, or sex. It strikes adults more often than children, but there are 25,000 children in the United States who have the disease. Women are victims of it more often than men.

The exact cause of diabetes is not known; however, it is found frequently in persons who are over forty years of age, who are overweight, and whose families have a history of the disease.

What Is Diabetes?

Diabetes is a chronic disease which affects one's ability to digest and use starches, sugars and certain other foods in a normal way. Ordinarily, these foods would be converted by the body into actual or potential energy, but in the diabetic the body is unable to convert, store, or use these foods properly. Consequently, the sugar content of the diabetic's blood increases abnormally. The kidneys, in an



DIABETES TEST—Dr. Reed shows how electrically controlled colorimeter is used to determine the presence and amount of sugar in a sample of blood. If the test indicates the presence of diabetes, treatment will be prescribed to control the disease.

effort to dispose of this surplus of sugar, excrete much more urine than is normal, and eliminate other essential food elements in doing so.

Involved in this metabolic disturbance is the pancreas, commonly known as the sweetbread. Within this organ, cells, known as the Islands of Langerhans, produce insulin, an internal secretion which is necessary in the digestion of sugars and starchy foods. In a person who has diabetes these cells are unable to produce a sufficient amount of insulin. Because of this lack of insulin, sugar accumulates in the blood and overflows through the kidneys.

Symptoms of Diabetes

Among the symptoms of diabetes are loss of weight, excessive thirst, excessive urination, intense itching, slow healing of cuts and bruises, excessive hunger, changes in vision, easy tiring, and pains in the extremities. The loss of weight is sometimes so excessive and rapid that emaciation and dehydration become quite noticeable. In a mild case there may be only one or two of these symptoms, with the result that the patient does not recognize the presence of the disease.

Often the first sign of diabetes is the excretion of sugar in the urine and the increase of sugar in the blood. When the disease is fully established there are large amounts of sugar in the urine and the blood sugar may be from two to four times greater than normal, or even more. Ordinarily, the person who does not have diabetes has no sugar in his urine and the sugar in his blood averages one tenth of one per cent.

Besides these early symptoms and effects of diabetes, there are other results which are exceedingly serious. If the disease is allowed to continue for many years without control, it causes the arteries to harden more rapidly than in the normal aging individual. This leads to impaired circulation in the extremities, possibly causing gangrenous changes in the toes and feet. It also produces changes in the retina of the eye, and causes frequent hemorrhages in the eye. Another condition resulting from untreated diabetes is

acidosis, a complication which eventually produces coma and possible death.

Diabetes can be controlled. Thanks to modern science and modern research, persons suffering from this disease can live long and useful lives if they follow relatively simple rules of health and medical instruction.

Discovery of Insulin

Prior to 1921 the diabetic's chances for a long life were very poor. Very few children who developed the disease lived more than a year. Most died within a few months. Few young wives who had diabetes ever became pregnant, and of those who did, almost none had normal babies.

In 1921, Frederick Banting, a Canadian physician, aided by Charles Best, a graduate student in chemistry, and others in the physiological laboratories of Professor J. J. R. MacLeod at the University of Toronto, isolated a pure form of the pancreas hormone which metabolized carbohydrate foods. This new extract, called insulin, lowered blood sugars, lessened the amount of sugar excreted in the urine, and seemingly prevented acidosis and coma in the diabetic. Banting was awarded the Nobel prize in Medicine for this great medical triumph. Today, thousands of diabetics are living because of this great medical discovery.

Banting was not the first researcher to be concerned about diabetes. Early records show that the disease was known at least 3,000 years ago. It is mentioned in Egyptian writings as early as 1500 B.C.

It was first called diabetes by Aretaeus, a Greek physician in the second century A.D. The word comes from a Greek word meaning to siphon or pass through. It was probably Aretaeus who gave us the first clinical description of diabetes. No major contributions were made to our knowledge of diabetes until 1869, when Paul Langerhans, in his doctorate of medicine thesis, described certain differentiated groups of cells in the pancreas which later bore his name.

Later, in 1889 two German scientists, Von Mering and Minkowski, discovered that diabetes followed the experimental removal of the pancreas. In 1901 Profes-



BLOOD SAMPLE—Dr. Reed prepares to draw a small amount of blood in order to test it for sugar content. Each year, thousands of persons take this test to learn whether they have diabetes.

sor Eugene L. Opie of Johns Hopkins University advanced the hypothesis that the disease was associated with alterations in the Islands of Langerhans in the pancreas. It remained for Banting and his colleagues to prove that insulin could be used successfully in controlling diabetes.

Diet Control

The treatment of diabetes consists principally of dieting and using insulin. Many diabetics can control their condition by diet alone and do not need insulin. Others, who have a more severe form of the disease, require both. The diabetic who is under treatment can, with good control, expect to avoid not only the most immediate discomforts of the disease, but also the major complications. With proper diet, insulin and a good pattern of living, the person suffering diabetes can usually have as normal a life as the non-diabetic.

A diabetic diet consists of regulated amounts of carbohydrates, protein, and

fat foods, the amounts of each being determined by the age, sex, body weight, and occupation of the individual patient. An ideal weight for the individual, based on his occupation and other activities, should be determined and sufficient calorie intake should be provided to maintain this weight. The diabetic must be carefully instructed in measuring his food and food values. Even with a diabetic diet, there is allowance for wide variation in foods.

Use of Insulin

Before insulin is prescribed, there must be a definite need for it. All children who have diabetes require insulin, as well as do most underweight adults who have a high blood sugar content and heavy excretion of sugar in the urine. Also, it is usually given when acute complications occur in the diabetic, and in most cases where pregnancy and diabetes are present. When the disease cannot be controlled by diet alone, insulin is usually required.

If one begins using insulin, must he continue its use permanently? The answer to this question varies greatly with individuals. Many diabetics who develop the disease after the age of forty and who require insulin plus diet to control the disease, can, after varying periods of time, gradually reduce the dose and eventually omit its use.

Insulin must be injected hypodermically (subcutaneously). There is no known preparation of the hormone which is effective when taken by mouth. Many years ago, the author of this article, while working with Dr. Vincent DuVigneaud, former professor of biochemistry at the George Washington University Medical School, took 5000 units of insulin by mouth in variously coated capsules. There was no effect on his blood sugar. In contrast, 100 units of insulin given hypodermically to a non-diabetic would cause marked symptoms of insulin shock and possibly unconsciousness.

In treating diabetes, the kind, amount, number and time of injections of insulin vary according to the needs of the individual.

Important Step

The most important step in treating diabetes is in training the individual patient. Confidence and a healthy mental attitude must be instilled in him. This is difficult because when he first learns that he has diabetes and that there is no known cure, he is almost certain to be depressed.

One of the most important phases of treating diabetes in its early stages is in reassuring and encouraging the patient, because even though his disease is chronic and incurable, it can be controlled. And by following the rules of treatment, adhering to the given diet, taking insulin when needed, maintaining the blood sugar at or nearly normal levels and urine sugar free, the diabetic can learn to live with his disease and can expect a life span as long as that of his non-diabetic brother. In fact, the diabetic who obeys instructions is apt to be healthier than

normal people, because in caring for his diabetes, he usually cares for himself better in other respects.

Famous Diabetics

Diabetics may engage in almost any gainful occupation. Only two possible situations should be avoided. These are occupations of a hazardous nature to oneself or a fellow employee such as pole climbing in telephone work and occupations which prevent regular eating and sleeping. Both are injurious to the diabetic. Thirty years ago no United States Civil Service positions were available to diabetics. Today, over 1,200 such jobs are listed as available. Among the famous persons in the past who had diabetes were Thomas A. Edison, Premier Georges Clemenceau of France, and H. G. Wells. Present day diabetics who are nationally known in the sports world are Bill Nicholson, baseball outfielder with the Philadelphia "Phillies," Bill Talbert and "Ham" Richardson, Davis Tennis Cup players.

Detection Drive

It is estimated that there are about 1,500,000 undiagnosed diabetics in the United States plus three million potential diabetics.

The earlier a chronic disease is discovered, the easier it is to control. Because of this and because diabetes is a serious chronic disease which can be discovered easily and inexpensively, the American Diabetes Association has sponsored and helped to organize a continuous, nation-

wide Diabetes Detection Drive. This drive, which was begun seven years ago, is an important part of the case-finding and health education program of the Association. The drive is sponsored and conducted by physicians working through local medical societies and affiliate diabetes associations in cooperation with public-spirited lay groups in each community.

A special diabetes week has been set aside each year for the drive. During this week, doctors in each participating community contribute much time and effort to an intensive program of screening the local population for hidden diabetics. To assist the physicians in this screening program, state and local government authorities, health agencies, lay groups, fraternal societies, business, industrial, labor and professional organizations combine their efforts to make it possible for every person in the community to undergo the simple tests for sugar in the urine which may mean diabetes.

A successful screening campaign requires no elaborate equipment and can be carried out with minimum expenditure by using all volunteer local resources. In the city of Washington this program has been carried out each year under the jurisdiction of the local Diabetes Association and the Medical Society of the District of Columbia. Not only have large segments of the population been screened for diabetes, but the program has afforded an excellent means for educating the public about diabetes.

Association Founded

The American Diabetes Association, only national organization in the field of diabetes, was founded in 1940 by a small group of physicians who were deeply concerned with the growing problems of this disease. Its membership is largely medical, including more than 1,800 physicians who direct diabetic clinics, treat individual patients, teach diabetes control and management to patients and other doctors and conduct basic research concerning the disease.

The association has four main objectives: professional education, patient edu-

Drs. Overholser, Kerlan Receive Gov't Awards

Drs. Winfred Overholser and Irvin Kerlan, of the Medical School Faculty, have been given special awards by Secretary Oveta Culp Hobby of the U. S. Department of Health, Education and Welfare.

Dr. Overholser, professor of psychiatry at the University and superintendent of St. Elizabeth's Hospital, received a distinguished service award "in recognition of his outstanding contributions to humanity in the field of mental health."

Dr. Kerlan, clinical instructor in medicine at the University and acting medical director of the Food and Drug Administration, received a "superior service award" for his work.

cation, public education, and case finding and research. In carrying out these objectives, there is an attempt to acquire and disseminate useful and accurate knowledge and information regarding diabetes and to undertake in the public interest such activities as will improve the physical welfare of persons having this disorder.

This includes the promotion of a free exchange of knowledge among physicians and others with respect to diabetes; the improvement of treatment of diabetes; the promotion of diabetes research by individuals, hospitals, clinics, universities and other institutions. The association also seeks to educate the public in the early recognition of diabetes and the importance of medical supervision in its treatment; to distribute accurate information in respect to diabetes to the general public by literature, meetings and other appropriate means, to develop educational methods designed to give diabetic patients a better understanding of their disease; to take such other measures as will enhance the welfare of individuals with diabetes; and to encourage the formation of subsidiary diabetes groups to cooperate actively in the detection program.

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Facts About Polio

By JOSEPH M. LOPRESTI, M.D.

*Assistant Professor of Pediatrics, School of Medicine
Chairman of Poliomyelitis Committee, Children's Hospital*

ONE OF the most disturbing diseases confronting the physician today is acute anterior poliomyelitis, commonly referred to as polio. Probably no other condition causes more undue anxiety, and certainly no other one is surrounded by so much misinformation.

As an illustration, the disease is often referred to as "infantile paralysis." This is a misnomer because the disease rarely occurs in infants and is practically never seen under the age of one year. Also, weakness and paralysis of muscles do not accompany most cases as is generally believed. Only about 25 per cent of the persons who have the disease suffer serious muscle involvement.

Much publicity has been given to the "Kenny treatment" of polio, a procedure in which moist heat is applied to painful, spasmodic muscles. This relieves pain and spasm, but has no effect on progress of the disease or on subsequent development of paralyses.

Worldwide in Scope

Polio is found throughout the world, but paralytic cases are more frequent in temperate zones. The infection occurs both sporadically and in epidemics at irregular intervals, the highest incidence being in summer and early fall. Children, aged one to sixteen years, are attacked most frequently, although age incidence varies in different parts of the world and even in different parts of the United States.

During the past decade there has been an upward trend in the age distribution of cases in this country, the disease occurring more frequently in older persons. Today, 45 per cent of those who have polio are over 16 years of age. Records indicate that paralytic poliomyelitis is often more severe in the older age groups,

but fortunately, the disease rarely strikes persons over 45 years of age.

Polio is a virus disease caused by any one of three groups of viruses, each group being capable of producing the disease in humans. It is probable that one attack of polio confers permanent immunity to the virus group causing the infection, because second attacks are rare. However, the fact that infection can be caused by any of the three groups of viruses explains why the disease occasionally occurs more than once in the same person. This also explains why it has been so difficult to prepare an effective polio vaccine. To be fully effective, vaccination must produce immunity against all three viruses.

The polio virus is unique in that it sometimes destroys the motor cells in the central nervous system. These motor cells in the brain and spinal cord control muscle function. When the cells are invaded by the virus, the result is that the patient's muscles become weak and paralyzed. The degree to which the muscles are affected depends primarily on how many motor cells are attacked by the virus.

How Polio Spreads

There are three major ways by which polio viruses are spread. Pharyngeal and fecal discharges from known polio cases form one of the chief sources of infection. The virus may also be found in pharyngeal and fecal discharges of persons not suffering from a clinically recognizable attack of the disease. A third group of persons, called healthy carriers, possess no evidence of infection but excrete polio virus in their feces. It is probable that most polio viruses are spread through contaminated intestinal excretions of actively infected persons and healthy carriers.

In view of these facts, the following applications become apparent:

1. Active cases of polio must be isolated in order to limit the number of contacts.
2. Measures intended to reduce the spread of infection, such as closing of schools and swimming pools, are not practical since the virus is so widespread.
3. One of the most effective methods of preventing the spread of polio is personal hygiene, or following the simple rules of everyday sanitation.

In the early stage of infection exertion has a grave effect on the polio victim. Because exertion increases the incidence and severity of paralyses, rest becomes an essential feature in the treatment. At the first symptom of the disease, bed rest should be instituted and continued for at least one week.

A physician who deals with polio meets many patients who have some of the

symptoms without actually having the disease. In most instances, a wrong diagnosis can be avoided by studying the evolution of the disease, which follows a rather definite and orderly progression. It is almost invariably a febrile disease; that is, one accompanied by fever. Usually this fever is not high, rarely rising above 103 degrees.

Early Symptoms

In the early stages of the disease fever is associated with one or more of these symptoms: malaise, loss of appetite, sore throat, nausea, vomiting, headache, constipation, and abdominal pain. When one or more symptoms occur, the patient should go to bed immediately and call a doctor. All excitement should be avoided.

In most cases the symptoms last two or three days and develop into nothing more. At this time, there are no changes in the spinal fluid to indicate the presence of the disease. This is known as abortive



RECOVERY—Four-year-old Kay Wilson, bedridden with polio for six months, learns to walk again with the aid of crutches and braces. Dr. LoPresti watches as Physical Therapist Rita Ouellette guides the child in leg strengthening stairway exercises.

poliomyelitis. This diagnosis is never definite, but can be suggested from the symptoms and a history of contact with a known case. Bed rest is the most important part of the treatment during this period, because there is no known drug to kill the virus or halt the progression of infection.

In some patients definite signs of polio will develop, the symptoms being stiffness of the neck and back, muscle spasm, and muscle pain. In addition, the spinal fluid will show definite and characteristic changes. About 60 per cent of the patients who develop definite signs of the disease do not suffer muscle weaknesses or paralyses. As a result, this type of polio is called non-paralytic.

About 40 per cent of the patients who show definite signs of infection become the victims of paralytic polio. In these patients, the muscles become weakened and paralyzed. The distribution of muscle involvement is usually spotty and asymmetrical, the weakened or paralyzed muscles being flaccid or loose rather than spasmodic. The severity of paralyses varies greatly from one person to another. In about 25 per cent of the patients muscle involvement is insignificant and not incapacitating.

Only 10% Paralyzed

This means that only one out of ten patients who have polio will be paralyzed enough to require prolonged hospitalization and specialized care. Many patients, particularly the abortive, non-paralytic and mildly paralytic ones, can be cared for safely at home.

Paralytic poliomyelitis assumes different forms, depending on which parts of the central nervous system are most severely affected. In spinal poliomyelitis, weaknesses or paralyses may involve any muscles of the body from the neck to the feet, according to which motor cells in the spinal cord are destroyed by the virus.

One of the most important types of paralytic spinal poliomyelitis is that which occurs when the respiratory muscles of the chest and diaphragm are weakened or paralyzed. A patient suffering

from this form of the disease requires the aid of a tank respirator, or "iron lung," to assist him in breathing artificially.

Polio Affects Brain

The most severe form of the disease occurs when the motor cells in the brain are invaded by the polio virus. This results in what is known as paralytic bulbar poliomyelitis. In this form of the disease, the patient develops a nasal twang to his voice, has difficulty in coughing and swallowing, breathes irregularly, and accumulates secretions in the back of his throat. If he is given fluids, he will regurgitate them through his nose. When any of these symptoms occur, a physician should be called immediately.

Fortunately, bulbar poliomyelitis does not occur frequently. When it does, the best known treatment consists chiefly of good nursing care. A tank respirator is usually of little or no aid in treating this form of the disease. In a few cases it is necessary to perform a tracheotomy, a surgical operation opening the windpipe in order to create an airway. If this becomes necessary, it may be lifesaving. One interesting aspect of bulbar poliomyelitis is that if the patient recovers, he usually shows no evidence of having been ill.

In rare instances, both the brain and spinal cord motor cells are destroyed by the polio virus. This particular type is called paralytic bulbo-spinal poliomyelitis.

One point about paralytic poliomyelitis which is not generally understood is that even if severe paralyses have occurred, the outlook is not hopeless. Paralyzed muscles can and do recover as long as one to one and one-half years after the onset of illness. Tremendous strides have been made in the rehabilitation of severely paralyzed persons. Usually, a combination of physiotherapy and orthopedic care will work together to return the patient to functional life.

Two recent developments in polio research which are designed to prevent the disease in susceptible individuals have received widespread publicity. These are gamma globulin and the production of

Memorial

Robert Kurtz, 14-year-old high school boy of Warsaw, New York, died of polio a year ago.

As a memorial, his parents, Mr. and Mrs. Lloyd B. Kurtz, together with friends, collected \$500 which they sent to the National Foundation for Infantile Paralysis. They requested that the fund be used for polio research in memory of their son.

As a result, the money has been applied to a polio research project being carried on by scientists at The George Washington University. The purpose of the research, which is under the direction of Dr. Paul K. Smith, professor of pharmacology, is to find a drug which will successfully treat polio.

an effective, safe vaccine. Both discoveries are too new for proper evaluation or for definite statements concerning their efficacy.

Gamma Globulin

Gamma globulin is a protein product derived from human blood. Whenever a person gets an infection, he responds by producing in his blood stream certain substances called antibodies. These antibodies are found in the gamma globulin fraction of the blood. They have the function of combatting the infection by neutralizing toxins produced by the infecting agent.

It is possible to extract this gamma globulin fraction from human blood and to inject it into another person, thereby producing complete or partial immunity to infections, depending on the amount and types of antibodies contained in the gamma globulin. When antibodies are transferred from one person to another by this method, they remain in the blood stream of the injected person three to six weeks. Thus, gamma globulin pro-

duces passive immunity, or protection for this period of time.

It has been determined in the laboratory that most gamma globulin from the blood of adults contains antibodies against one or more of the three groups of polio viruses. When gamma globulin from different sources is pooled or mixed, antibodies against all three groups of viruses may be contained. If this pooled gamma globulin is injected into a person, it apparently helps to protect him against polio, or to modify the disease and prevent crippling paralyses. Since a pint of human blood yields only a small amount of gamma globulin, the available amounts are limited.

Gamma globulin will be used again this year, but the available amount and the pattern of distribution are not known as yet. The indications are that it will be available for all close contacts of known cases.

An erroneous view is that gamma globulin is used in treating polio. If it is injected after symptoms have occurred, gamma globulin has no effect on the course of the disease. From a study of last year's results, it is apparent that gamma globulin does not decrease the incidence of polio; however, it may modify the disease and sometimes decrease the occurrence of paralyses. At present the results are disappointing, and it is obvious that gamma globulin is not the answer to the polio problem.

New Vaccine Developed

The key to the problem is a vaccine to produce active and permanent immunity to all three groups of viruses. A new vaccine, which may solve this problem, has been developed recently by Dr. Jonas E. Salk, research professor of bacteriology at the University of Pittsburgh. This vaccine, which is designed to protect children against paralytic poliomyelitis, is composed of the three known groups of polio viruses. They are grown in test tube cultures and killed by exposure to formaldehyde.

Before use, the vaccine must pass three independent tests: by the pharmaceutical

SEE POLIO, page 25

About Our Authors...



Dr. John Alton Reed

When insulin was discovered in 1921, Dr. John A. Reed was a resident physician at the old George Washington University Hospital. He was the first Washington physician to use the new product, and he became so impressed with the dramatic results achieved by it in bringing diabetic patients out of comas, that he has devoted much of the rest of his medical career to work on diabetes.

He became one of the first members of the American Diabetes Detection committee, when Dr. Howard Root of Boston organized the diabetes detection program eight years ago. Dr. Reed was chairman of the committee from 1948 to 1953, when he turned this office over to Dr. Louis Alpert, head of the University Hospital's diabetes clinic.

Except for a few years in Altoona, Pa., where he was born, Dr. Reed has lived in Washington, D. C. His medical career has been full of honors, appointments to important commissions, and public service, in addition to his private practice and his work as assistant clinical professor of medicine at the University Medical School and attending physician at the University Hospital.

During World War II he was a member of the Selective Service System's medical advisory board and chief medical officer of the D. C. Civilian Defense emergency medical service. He is now chairman of the Board of Police and Fire Surgeons.

In 1951 Dr. Reed was appointed to the U. S. Public Health Service's National Arthritis and Metabolic Diseases advisory council. He is also a consultant in diabetes to the U.S. Civil Service Commission and Doctors Hospital.

Active in many professional societies in the field of internal medicine, he is past-president of the D. C. Medical Society, the Galen-Hippocrates society, and the D. C. Diabetes association. Since 1949 he has been secretary of the American Diabetes association. He is on the editorial board of *Modern Medicine* and *The American Diabetes Association Forecast*.

He is a member of the American College of Physicians, Association for the Advancement of Science, Board of Internal Medicine, American Gastroenterological association, Congressional Country club, and the Cosmos club. Golf is his favorite hobby.

In 1949, the general alumni association of George Washington University cited Dr. Reed for his outstanding contribution as a teacher for 25 years in the School of Medicine, and as director of the University Dispensary.

Dr. Joseph M. LoPresti

Dr. Joseph M. LoPresti, assistant professor of pediatrics, probably treats more polio victims than any other doctor in the Washington area.

Dr. LoPresti spends most of his time at Children's Hospital, where he is chairman of the hospital's polio committee, associate attending physician, and associate editor of the monthly pediatric magazine, *Clinical Proceedings of Children's Hospital*.

A 1945 graduate of the Georgetown University Medical School, he says that his decision to become a pediatrician was stimulated largely by the teaching of one of his professors, the late Dr. Joseph Wall, former chairman of pediatrics at Georgetown.

After finishing medical school, Dr. LoPresti served two years as a captain in the U. S. Army Medical Corps. He was stationed in Panama with the U. S. Immigration and Quarantine Service. During this time, his job was to board and inspect every ship that passed through the Panama Canal.

After his military service, Dr. LoPresti was a fellow in pediatrics at GWU Hospital from 1949 to 1950. He then served two years as a resident at Children's Hospital.

Dr. LoPresti spent his early life on Long Island, where he graduated from the Bryant high school. He received his B.S. degree in biology from St. Peter's College in Jersey City.

He is a fellow of the American Academy of Pediatrics, and a member of three honorary medical societies, the Smith-Reed-Russell society, William Beaumont society, and Phi Chi fraternity. He has written about 50 articles for pediatric journals.

Dr. LoPresti lives in Hyattsville, Maryland, with his wife and three children, Joseph, Jr., Linda Maria, and Christopher. Mrs. LoPresti is the former Helen Maxwell of Hendersonville, N. C.

The doctor says that he has little time for hobbies, but he enjoys gardening, swimming and other sports, and such indoor activities as working crossword puzzles and reading murder mysteries.

—GRACE KEMPTON

Dean Discusses Public Relations

Dr. Walter A. Bloedorn, dean of the Medical School, will address the medical-public health section of the American College Public Relations Association at its annual meeting in New York this month. He will discuss, from a dean's viewpoint, the role of public relations in a medical school.



EDITOR—While not treating polio patients, Dr. LoPresti spends much time editing the pediatric journal which is published at Children's Hospital.

\$10,000 Given for T.B. Study

The Lasdon Foundation has given \$10,000 to scientists at the University to promote further research in tuberculosis.

The funds will be used for laboratory and clinical studies, which are being carried on at the District of Columbia General Hospital, to investigate the best means of using available and new drugs in the treatment of tuberculosis.

The research will be carried on under the direction of Dr. Monroe J. Romansky, associate professor of medicine at the University, and Dr. Sol Katz, adjunct clinical professor of medicine.

Support for this project was first given by the Lasdon Foundation in 1952.

Five Students Get Polio Awards

Five second-year students at the Medical School have been awarded student summer fellowships by the National Foundation for Infantile Paralysis. They are Kathryn Anne Williams, Sarah Pamela Leech, Ben W. Feather, M. Don George, and Nelson Thomas Debevoise.

The fellowships, which are designed to aid the students in expanding their studies in fields which particularly interest them and to help them determine their abilities and aptitudes, are offered as part of the National Foundation's professional education program.

Surgical Physiology Text Edited, Revised by Blades

Dr. Brian Blades, professor of surgery, assisted by members of his staff, has edited and revised *Nash's Surgical Physiology*, a standard textbook in physiology which first appeared in 1942.

The second edition, which was published in late 1953, includes developments and new techniques in this field which have come about through research and experience during and since World War II.

Collaborating with Dr. Blades in preparation of the second edition were surgery staff members: Drs. Edward J. Beattie (former staff member), Leon Gerber, Walter H. Gerwig, Ernest A. Gould, Alec Horwitz, Vincent M. Iovine, Gordon S. Letterman, William S. McCune, William C. Meloy, Hugo V. Rizzoli and Jacob J. Weinstein.

Medical Records Microfilmed

To facilitate record keeping and to allow for needed space in the Hospital, 30,000 patient records from the years 1948-1951 are being microfilmed.

The records, all of which have been inactive for three years or more, are being photographed by Records Engineering, Inc. The Junior Auxiliary to the Women's Board is assisting in auditing and checking the records.

Robbins Attends Virus Course

Dr. Mary Louise Robbins, associate professor of bacteriology, will attend a special postgraduate course on bacterial viruses at Cold Spring Harbor, New York, at the Biological Laboratory of the Long Island Biological Association this summer. Andrew J. Vargosko, bacteriology graduate student at GWU, will also attend the course.

The course, which is designed for scientists who are doing virus research, will be taught by D. Mark H. Adams, microbiologist at New York University.

Employee Handbook Issued

Whether it be a question about pay deductions, promotions, vacations, jury duty or any of a hundred other matters concerning working conditions at the Hospital, the answer is likely to be found in the new employee handbook recently issued by the Hospital's Personnel Office.

The 24-page, attractively illustrated booklet was prepared as part of the Hospital's plan to increase the efficiency of its personnel program, and at the same time, to make the program as helpful to employees as possible, according to Superintendent Victor F. Ludewig.

Copies of the handbook have been given to each of the Hospital's 800 employees, and in the future a copy will be given to each new worker.

Personnel Program Praised

The Hospital's personnel program was highly commended in a recent issue of the Bauer and Black company's *Curity Newsletter*.

As a result, more than 300 hospital administrators and officials have written to the Hospital for material on this program.

In connection with the personnel program, THE COURIER article by Personnel Director Leonard Vaughan on "The Hospital and Its People" was reprinted in the March issue of *College and University Personnel Association News*.

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78 Receive Medical School Degrees

At the University's 133rd annual commencement exercises, 78 Medical School graduates received their M.D. degrees.

Addressing the medical graduates, Dr. Thomas McP. Brown urged them to protect the doctor-patient relationship in this age of specialization and not to let it become an impersonal, mechanical relationship.

Awards Given

Awards were presented to seven of the graduates. The John Ordronaux prize for highest scholastic standing went to Solomon Barr.

The Oscar Benwood Hunter pathology award was presented to Cornelius John Hayes, and the Kane-King obstetrical award was given to Jean Robert Herdt. Mosby scholarship awards were given to Barr, Robert Bahr, Stephen Dejter, Edward Swett, and Howard Ticktin.

Honorary Society Inducts 46

Forty-three Medical School students and three medical faculty members were accepted into the Smith-Reed-Russel honorary medical scholastic society recently.

Student membership is limited to those who have an average of 88 (B plus) or better.

The faculty members who received honorary membership were Dr. Charles S. Coakley, professor of anesthesiology, Dr. Calvin T. Klopp, assistant clinical professor of surgery and director of the University Cancer Clinic, and Dr. William W. Stanbro, professor of radiology.

Watts Teaches in Germany

Dr. James W. Watts, professor of neurological surgery, has been named as one of a special team of American scientists to teach and lecture at German medical schools this summer. The team, made up of nine medical specialists, is being sponsored by the Unitarian Service Committee.



M.D.—Dean Walter Bloedorn congratulates Daniel Seckinger, II, one of the 78 medical students who received his M.D. degree at recent GWU commencement exercises. Seckinger is the son of D. C. Health Officer, Dr. Daniel L. Seckinger.

Kleh, Still Named Officers In New Civic Foundation

Two Medical School staff members have been named officers in the newly organized Foundation for Years of Usefulness, civic group which seeks to solve problems of the aged in the District of Columbia area. The officers are Dr. Jack Kleh, clinical instructor in medicine, who is president of the new organization, and Dr. Joseph W. Still, assistant professor of physiology, who is vice-president.

The Foundation for Y.O.U. plans to aid elderly men and women by developing projects in job opportunities, adult education, nutrition, research, rehabilitation, recreation, pre-retirement programs and special counseling. Members of the organization include physicians, social workers, businessmen, advertising workers, religious leaders and service agency officials.

Briggs Named Pharmacy Officer

Dr. Paul W. Briggs, former dean of the University School of Pharmacy, has been re-elected secretary of the American Foundation for Pharmaceutical Education.

Blood Plasma Record

The George Washington University Hospital has received more blood plasma from the Red Cross than any other hospital in the Washington area during the past five years. Of the 245,320 pints of plasma distributed by the Washington Regional Blood Center since its program began in 1948, the University Hospital has received 19,772 pints.

Visitors from Abroad

Among recent visitors at the University Hospital were a surgeon from Thailand, a psychiatrist from Japan, and two visitors from Argentina.

From Thailand came Dr. Sem Ppriang-puanggeo, chief of the Woman's Hospital at Bangkok. He expressed special interest in the GWU Hospital's floor plans, nursing schedule, cafeteria, and operating and delivery room equipment.

Dr. Toyoji Wada, psychiatry professor at the Tohoku University Medical School in Sendai, Japan, visited the Hospital as part of a study he is making of U. S. medical institutions.

The Argentine visitors were Dr. Miguel Jose Monera and Engineer Federico Peralta Ramos, both of whom expressed interest in the Hospital's facilities and organization.

GWU Graduate Wins Fellowship

Dr. Gaylord M. Conzelman, Jr., of Santa Ana, California, who received his Ph.D. degree in pharmacology from George Washington University in 1953, is one of four young scientists in the United States to receive a Lilly Postdoctoral Fellowship in the Medical Sciences for the academic year 1954-55.

Aided by this fellowship, Dr. Conzelman will continue his studies with anti-malarial drugs at the Christ Hospital Institute of Medical Research in Cincinnati, Ohio. The fellowship is supported by the Lilly Research Laboratories.

Staff News Notes

Klopp Named to Committee

Dr. Calvin T. Klopp, director of the University Cancer Clinic, has been named a member of the six-man medical committee recently set up by the D. C. chapter of the American Cancer Society to determine the extent of lung cancer in the Nation's Capital, and to evaluate the resources now available for chest X-rays and follow-up methods in the District.

Overholser Gives Lecture Series

Dr. Winfred Overholser, professor of psychiatry, and superintendent of St. Elizabeth's Hospital, gave a series of eight lectures on psychiatric jurisprudence recently. The series, which was sponsored by the Washington School of Psychiatry, was designed for persons interested in a comparison of legal and psychiatric concepts and philosophy.

Beachley Named Delegate

Dr. Ralph G. Beachley, adjunct professor of public health service at the Medical School, and Director of the Arlington County (Virginia) Health Department, has been named a delegate to the Sixth World Congress of the International Society for the Welfare of Cripples which meets in The Hague, Netherlands, in September. He will represent the National Society for Crippled Children and Adults.

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HOSPITAL DAY—More than 200 guests attended the Hospital Day Tea given recently by the Women's Board of the University Hospital. Among the special guests were (l. to r.) Mrs. Robert Jackson, wife of Associate Justice Jackson of the United States Supreme Court; Mme. Almed Hussein, wife of the Egyptian Ambassador to the United States; and Mrs. Harold H. Burton, wife of Associate Justice Burton of the United States Supreme Court. Mrs. Cloyd H. Marvin, president of the Women's Board, looks on as Mrs. Samuel M. Burgess of the Board serves the guests.

POLIO

(Continued from page 19)

companies preparing it, by Dr. Salk and by the Laboratory of Biologics Control of the National Institutes of Health. The Salk vaccine was given recently to between 500,000 and 1,000,000 school children of a given age group in several test areas. It was given during the non-epidemic period prior to June 1. The vaccine, which must be given in three injections, is as safe as any vaccine in general use today. The first two doses were administered at one week intervals, and the third dose one week later.

The vaccine validity study has been a project of the National Foundation for Infantile Paralysis. It has been conducted in close cooperation with state and county health officers, various medical societies,

and school authorities. The Association of State and Territorial Health Officers appointed a committee to work with the National Foundation in planning the study.

If this vaccination proves effective, the polio problem will be solved, for in a few years mass inoculations will be possible.

Memorial Aids Nursery

Funds for the purchase of a deluxe model incubator for the Hospital's Premature Nursery were recently given to the Hospital in memory of Christopher Koch, infant son of Commander and Mrs. Lincoln Koch of Alexandria, Virginia.

The memorial was given by the infant's parents, and by his grandfather, Amos W. Elliott of Cloverdale, California.

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Our Doctors Say...

Brain Surgery *

In an effort to evaluate the degree of social adjustment achieved by lobotomy patients, an intensive follow-up study was made of 1,000 persons on whom the operation had been performed by Dr. Walter Freeman, professor of neurology, and Dr. James W. Watts, professor of neurological surgery.

Results from this study indicate that the lobotomy operation was of major importance in restoring many of the patients to an effective social existence.

Of the total group studied, 622 had prefrontal lobotomies. These were studied for periods of one to ten years following the operation. 498 others, on whom the transorbital lobotomy was performed, were also studied.

Evaluation of such factors as sex, race, age, education, marital status, economic status and urban locations showed that the outstanding factor in the postoperative recovery of patients was that of the duration of the disability. This factor appears to be the greatest deterrent to postoperative success in returning the patient to society. This emphasizes the importance of early surgical intervention if the patient is to achieve the maximum in social adjustment.

In this study much poorer results were noted in the patients who had psychotherapy prior to operation. Less success was also found in those who had various types of shock therapy. In the diagnostic categories it was noted that transorbital lobotomy resulted in a higher rate of social achievement than prefrontal lobotomy except in cases of hebephrenic schizophrenia.

In evaluating the postoperative time element it was apparent that the level of achievement improved with the passage

* From article by Dr. Walter Freeman, professor of neurology, on "Level of Achievement After Lobotomy. A Study of One Thousand Cases." In *American Journal of Psychiatry*, October, 1953.



Dr. Freeman

of time and that the lobotomy seldom prevented the return of the individual to integration in his community. The author emphasizes the important fact that "the personality downgrading generally attributed to lobotomy should be attributed to the devastating effects of the underlying disease process. It is safer to operate than to wait."

—JANET T. WILLIAMS

Dr. John B. Nichols Dies

Dr. John B. Nichols, graduate of the School of Medicine in 1891, and a member of the University's medical faculty from 1897 to 1919, died February 22, 1954, at the age of 87.

He was the first president of the D. C. Medical Society when it was organized in 1912. He was also a past president of the GWU Medical Society. Dr. Nichols also served on the staffs of several D. C. hospitals, was medical inspector of the D. C. Public Schools for several years, was a member of the D. C. Board of Medical Examiners, was author of a history of the District Medical Society, and wrote numerous scientific papers.

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Staff Reports on Research

Exhibits

An exhibit on how dextran can be used to prevent and treat shock has been displayed at several scientific meetings recently by Dr. Jacob J. Weinstein, associate in surgery, Dr. Joseph H. Roe, professor of biochemistry, and Dr. William C. Liu, fellow in surgery. It was shown at meetings of the Southern Medical association, North Carolina Medical society, American Academy of General Practice scientific assembly for 1954, and the State and Territorial Health Authorities.

An exhibit on tension headache was shown at the Southern Medical Association by Dr. Lester S. Blumenthal, clinical instructor in medicine, and Dr. Marvin Fuchs, clinical instructor in medicine.

Articles

The diagnosis and treatment of disorders involving hemorrhages is discussed in the August 1953 issue of the *D. C. Medical Annals* by Dr. Pearl B. Holly, assistant clinical professor of medicine.

An article by Dr. Gerwig on the same subject appeared in the November 1953 issue of *Surgery*. Working with him on the article, were Dr. Seymour Alpert, associate professor of anesthesiology, Dr. Charles S. Coakley, professor of anesthesiology and Dr. Brian Blades, professor of surgery.

At the University of Kansas School of Medicine in January, Dr. Blades discussed new concepts in the treatment of tuberculosis. He served as a member of the School's postgraduate medical course visiting staff.

Speeches

Varying techniques of giving general anesthesia by use of trachea catheters were discussed by Dr. Seymour Alpert, associate professor of anesthesiology, at the annual spring meeting of the Interna-

tional Academy of Anesthesiology in Chester, Pennsylvania.

The use of streptomycin and isoniazid in treating pulmonary tuberculosis was described by Dr. Sol Katz, adjunct clinical professor of medicine, at the 13th Veterans' Administration, Army and Navy conference on chemotherapy of tuberculosis in St. Louis, Missouri.

"Cardiac Arrest, Prevention and Management" was the subject of an address by Dr. Donald H. Stubbs, clinical professor of anesthesiology, at the 22nd Annual Assembly of the Southeastern Surgical Congress in Birmingham, Alabama.

At the Ninth Annual Congress of the International College of Surgeons in Sao Paulo, Brazil, Dr. James W. Watts, professor of neurological surgery, spoke on "Working Ability Following Prefrontal Lobotomy." He is chairman of the college's neurosurgery section.

Dr. John Parks, professor of obstetrics and gynecology, gave three lectures at the Dallas (Texas) Southern Clinical society's 23rd annual spring clinical conference. He discussed "Obstetric Hemorrhage," "Lesions of the Vulva" and "Complications of Labor."

Dr. Paul K. Smith, professor of pharmacology, was one of 14 medical researchers who recently appeared before a subcommittee of the Congressional Joint Committee on Atomic Energy to tell of the contributions made to medicine by atomic energy. Dr. Smith discussed the use of radioisotopes and synthetically labeled compounds in medical research.

A paper on the role of antihistamines in transfusion reactions and surgical shock was presented by Dr. Charles S. Coakley, professor of anesthesiology, at the Southern Anesthesia Association in Miami Beach, Florida, in April. Assisting in preparation of the paper were Dr. Seymour Alpert, associate professor of anesthesiology, and Dr. Solomon Albert, instructor in anesthesiology.

Behavior problems in children were
SEE STAFF REPORTS, page 33

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of heart research. The story is told dra-
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vascular system, from the first anatomical
studies of the arteries and veins made in
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cated research studies going on at present.

The healthy cardiovascular system is
compared with those systems which are
diseased. The author describes investiga-
tive methods that are used today, many of
which he has observed at various research
centers.

In the section on coronary artery dis-
ease, the problem of atherosclerosis is
presented from both clinical and experi-
mental bases. The author describes animal
studies in which various agents, includ-
ing estrogens, are tested for their effec-
tiveness in preventing or causing regres-
sion of the atheromatous lesions experi-
mentally induced by high cholesterol
diets. The ultra-centrifuge for the study
of lipo-proteins and the challenging fat-
clearing effects of heparin are discussed.

He also explains present day concepts
of high blood pressure and the results ob-
tained from sympathectomy and various
agents in lowering elevated blood pres-
sure.

In the chapter on rheumatic fever the
author describes the operation correction

of the crippled mitral heart valve. He
also discusses its surgical treatment and
the many endeavors that have made such
correction possible.

In a chapter on "The Failing Heart,"
he tells about disturbances which take
place in congestive heart failure. He also
describes the bio-chemical processes in-
volved in muscular contractions.

The author concludes by emphasizing
the importance of basic research as well
as its many difficulties.

This is a book which should be of in-
terest to both lay public and medical pro-
fession.

IRENE HSU, M.D.
Fellow in Cardiology
University Hospital

NOT AS A STRANGER. A medical
novel. By Morton Thompson. Charles
Scribner's Sons, New York, 948 pp.,
\$4.75.

Morton Thompson, whose first book,
The Cry and the Covenant, was an his-
torical treatment of the Hungarian doctor,
Simmelweis, has now written a power-
ful novel of a man dedicated to the prac-
tice of medicine.

Not As A Stranger could be called an
"Anthony Adverse" in medicine, for it
follows the life of fictional Dr. Lucas
Marsh from childhood to the fulfillment
of his ambition to be a doctor. His ad-
versities include parental opposition and
lack of money to finish medical school,
but Lucas Marsh displays strong resolve in
life. He stops at nothing to achieve his
goal.

One follows the young man through
the excitement of first experiences in a
medical lab, the stimulation of medical
school, his initiation into sex, his per-
plexity over reasons which fellow students
offer for studying medicine.

He begins his medical practice in a
small town, where his reactions to the
endless line of patients have a startling
reality for the reader. Lucas Marsh, a

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man of pure ideals, experiences disillusionment when he meets older doctors who fail to support his professional ideals.

One of the minor themes which recurs throughout the book is a plea for racial and religious tolerance.

The characters are expertly drawn. One of the most haunting is Lucas' devoted wife, the rejected, undemanding Kristina, the operating room nurse who put him through medical school. The reader will also long remember Dr. Aarons, the brilliant pathologist whose professional advancement is hampered by his religion; kindly Dr. Runkleman, a highly skilled surgeon; and disgusting tobacco-drooling Dr. Snider, who heads the county hospital and wilfully neglects his duty to the aged and dying.

—GRACE KEMPTON.

Brudo Named to Medical Post

Dr. Charles S. Brudo, who received his B.S. degree at George Washington University in 1948, and later his M.D. degree at Northwestern University, has been named executive director and clinical psychologist for the Mental Health Association in Elkhart, Indiana.

STAFF REPORTS

(Continued from page 29)

discussed by Dr. Thelma Hunt, professor of psychology, at a professional lecture sponsored by the D. C. Society for Crippled Children.

How to organize mental hygiene clinics for public and parochial students was described at the D. C. Congress of Parents and Teachers by Dr. Addison M. Duval, clinical professor of psychiatry.

The treatment of syphilis with antibiotic drugs, other than penicillin, was described by Dr. Monroe J. Romansky, associate professor of medicine, at an antibiotic symposium sponsored by the Antibiotic, Food and Drug Administration of the Department of Health, Education and Welfare, in collaboration with the journal, *Antibiotics and Chemotherapy*.

Reasons for the changing functions of the professional nurse were discussed by Helen K. Powers, director of nursing at the University Hospital, in a recent issue of *The Prairie Rose*, official publication of the North Dakota State Nurses Association.

In Memoriam

The following gifts have been made to the Hospital Memorial Fund:

In memory of Rudolph Peterson, former professor at Bucknell University, by Mrs. Rudolph Peterson and daughter Jean E. Marsh. The gift is to be used for heart disease research.

In memory of Mrs. Boude Fletcher Thompson, by Mrs. Edward R. Padgett. This gift is for heart research.

In memory of Mrs. Lewin W. Wickes, by Mrs. Edward R. Padgett. This gift is for the cancer fund.

In memory of Mrs. Elbert Fisher, by Mrs. Horace Winter and Miss Isabel Johnston. This gift is for the cancer fund.

In memory of Mrs. Ralph Parker, by Mrs. Horace Winter and Miss Isabel Johnston. This gift is for use in the Cancer Clinic.

The Hospital Memorial Fund permits honoring a loved one with a living memorial by increasing services to the Washington Community. Gifts should be made to the Women's Board Hospital Fund. They may be sent to the Women's Board, c/o THE COURIER, 2018 Eye St., N.W., Washington 6, D. C.

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